Key Practice Guideline Elements

Dr. Engel

Depression Guideline Structure

Three Clinical Modules

- **Primary Care**
- **Outpatient Mental Health Care**
- **Inpatient Mental Health Care**

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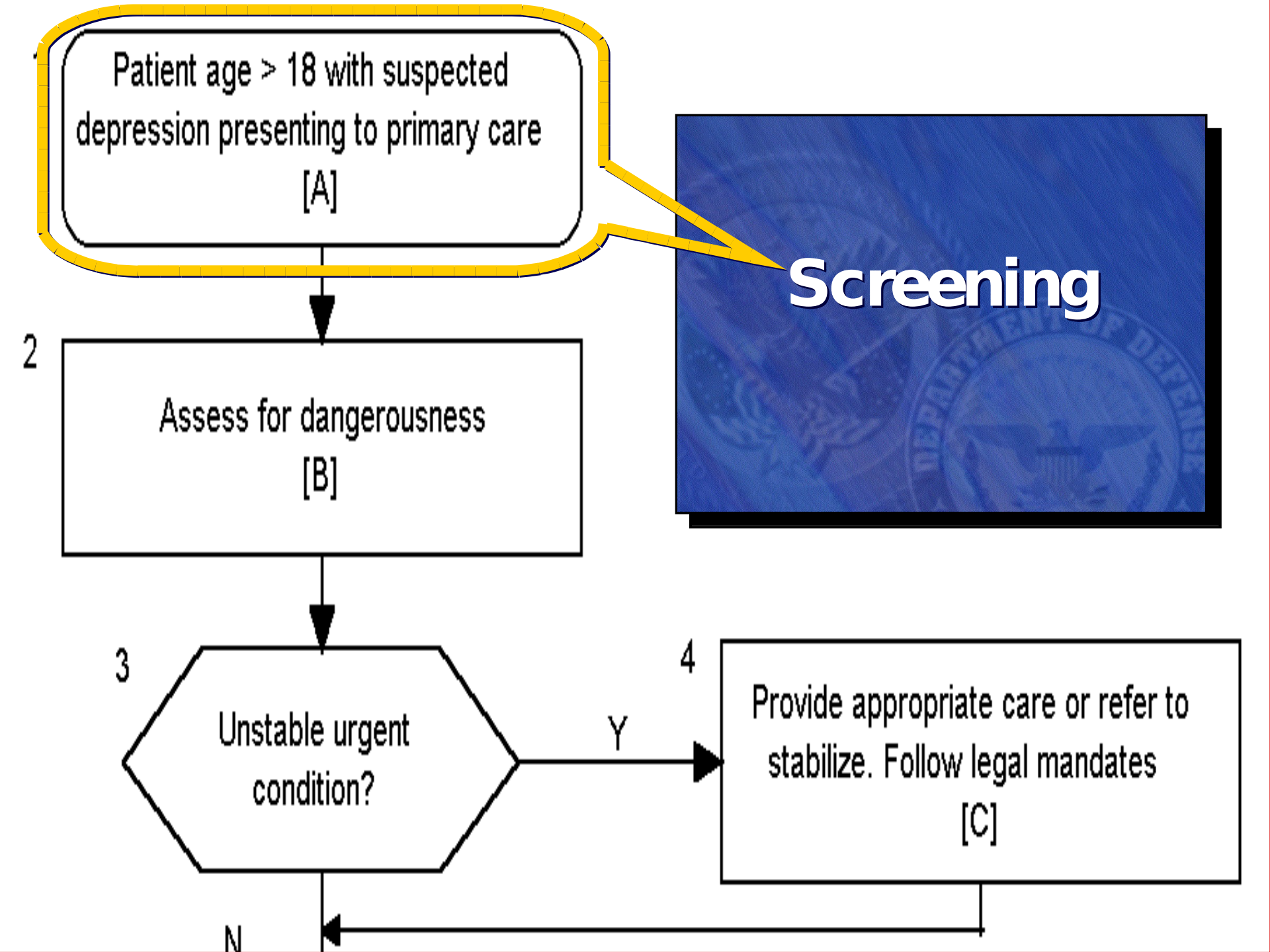
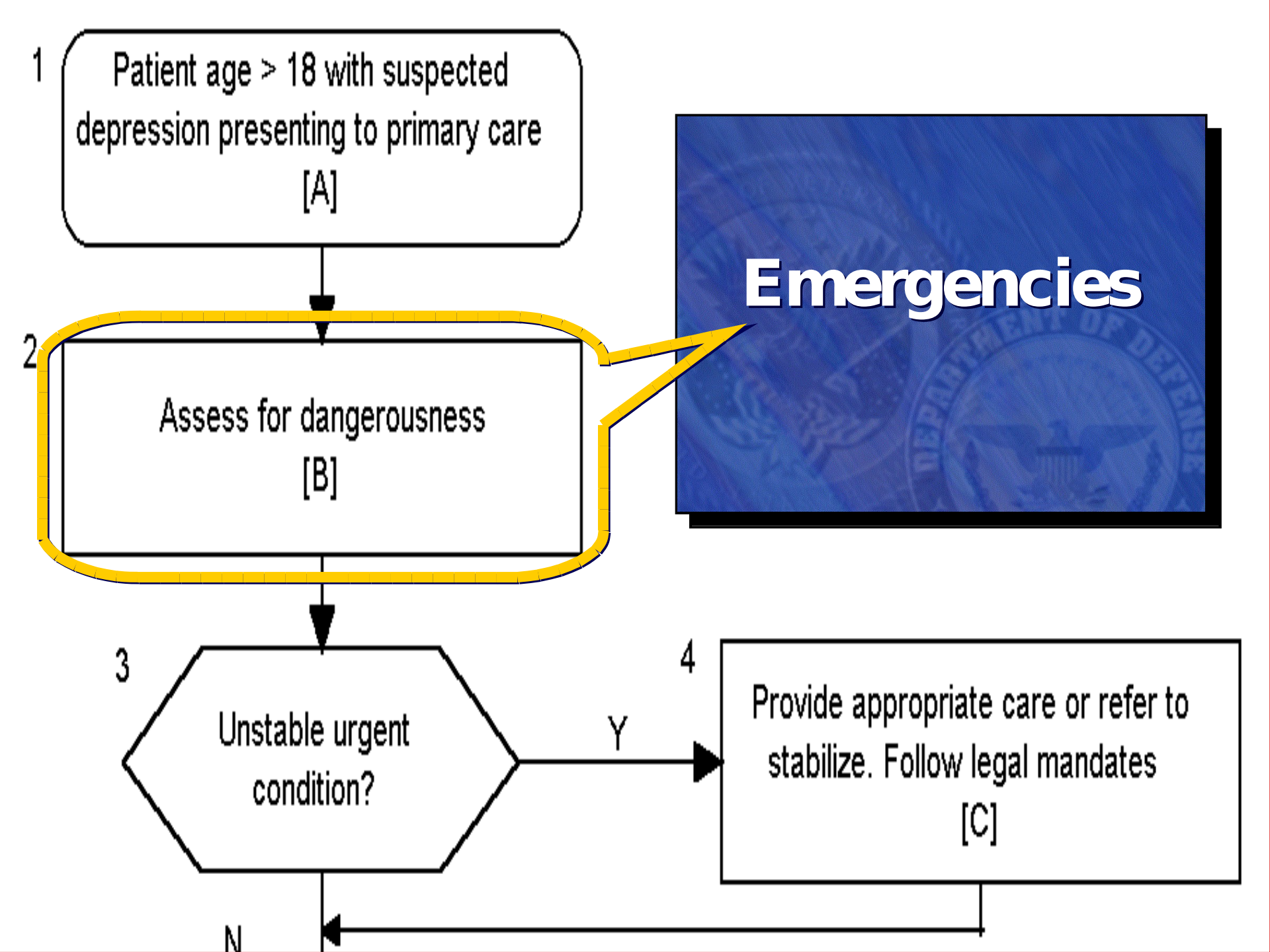
- ✓ **Primary Care**
- **Outpatient Mental Health Care**
- **Inpatient Mental Health Care**

Main Guideline Points

- Screening
- Emergencies
- Baseline assessment
- Physical causes
- Psychiatric differential diagnosis
- Review & initiate therapy
- Follow-up every 1-2 wks
- Reassess & adjust at 4-6 wks & 12 wks


Patient age > 18 with suspected depression presenting to primary care [A]
Screening
2
Assess for dangerousness [B]
3
Unstable urgent condition?
Y
4
Provide appropriate care or refer to stabilize. Follow legal mandates [C]
N


1
Patient age > 18 with suspected depression presenting to primary care
[A]
2
Assess for dangerousness
[B]
Emergencies
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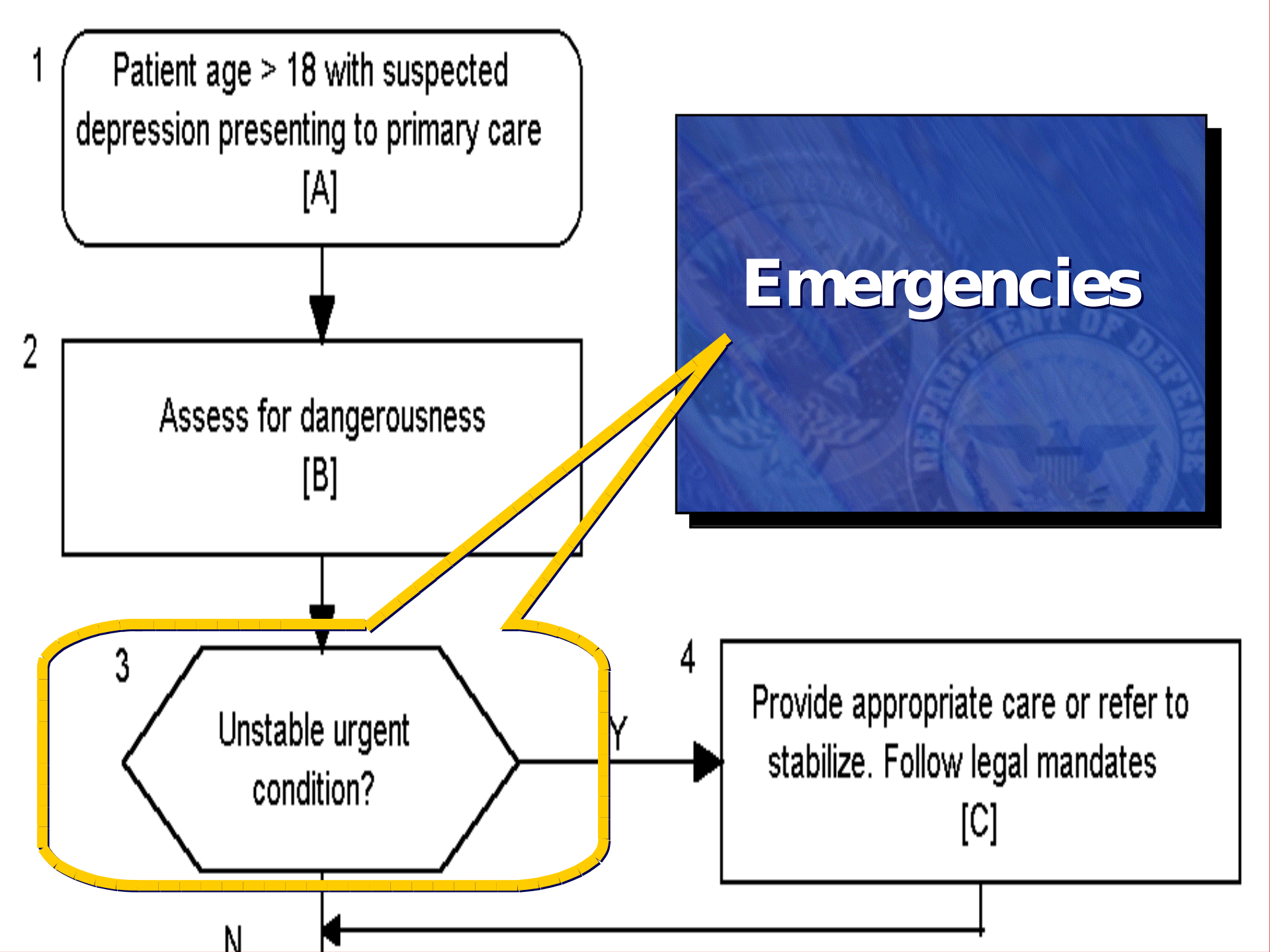
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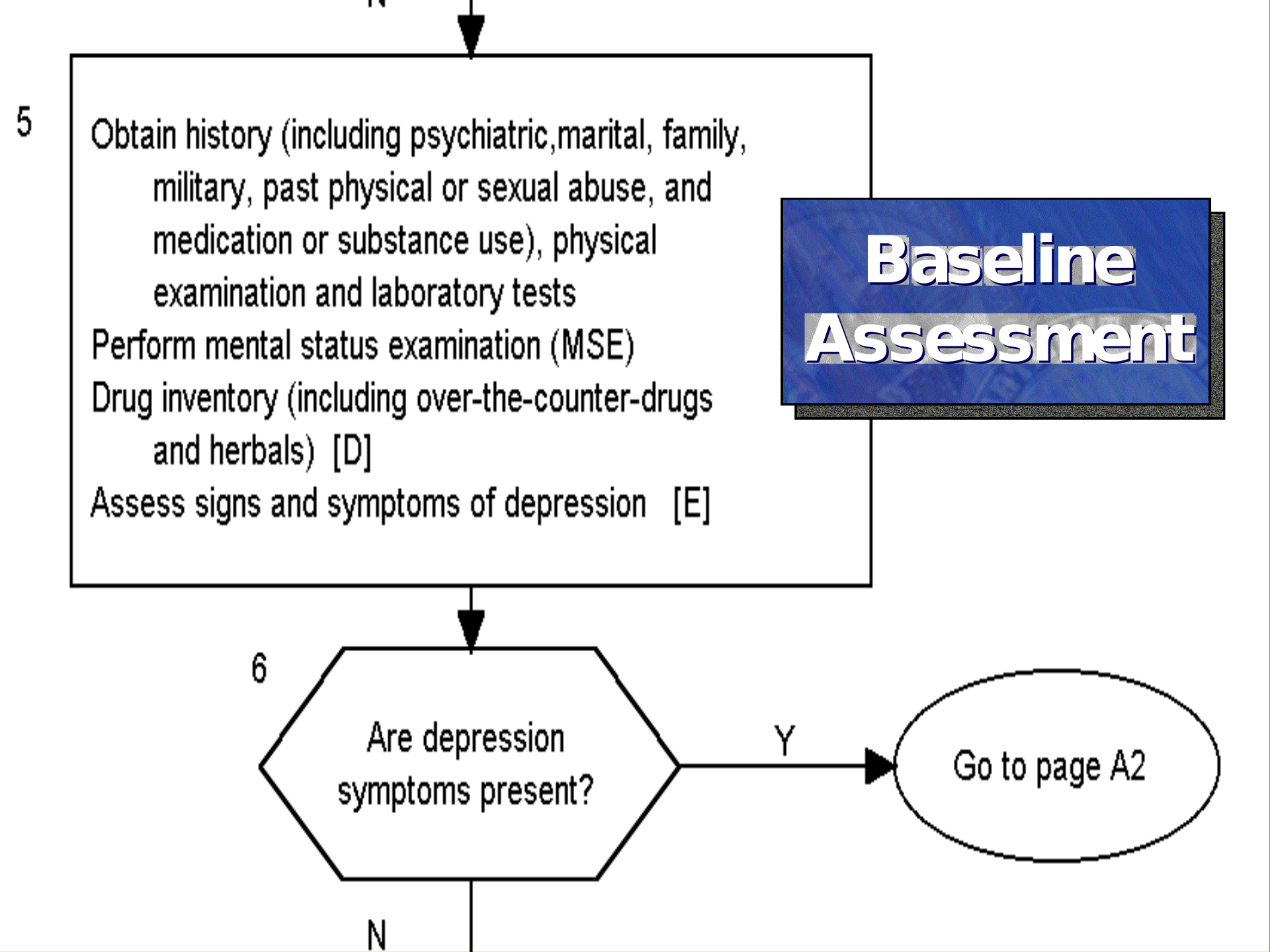
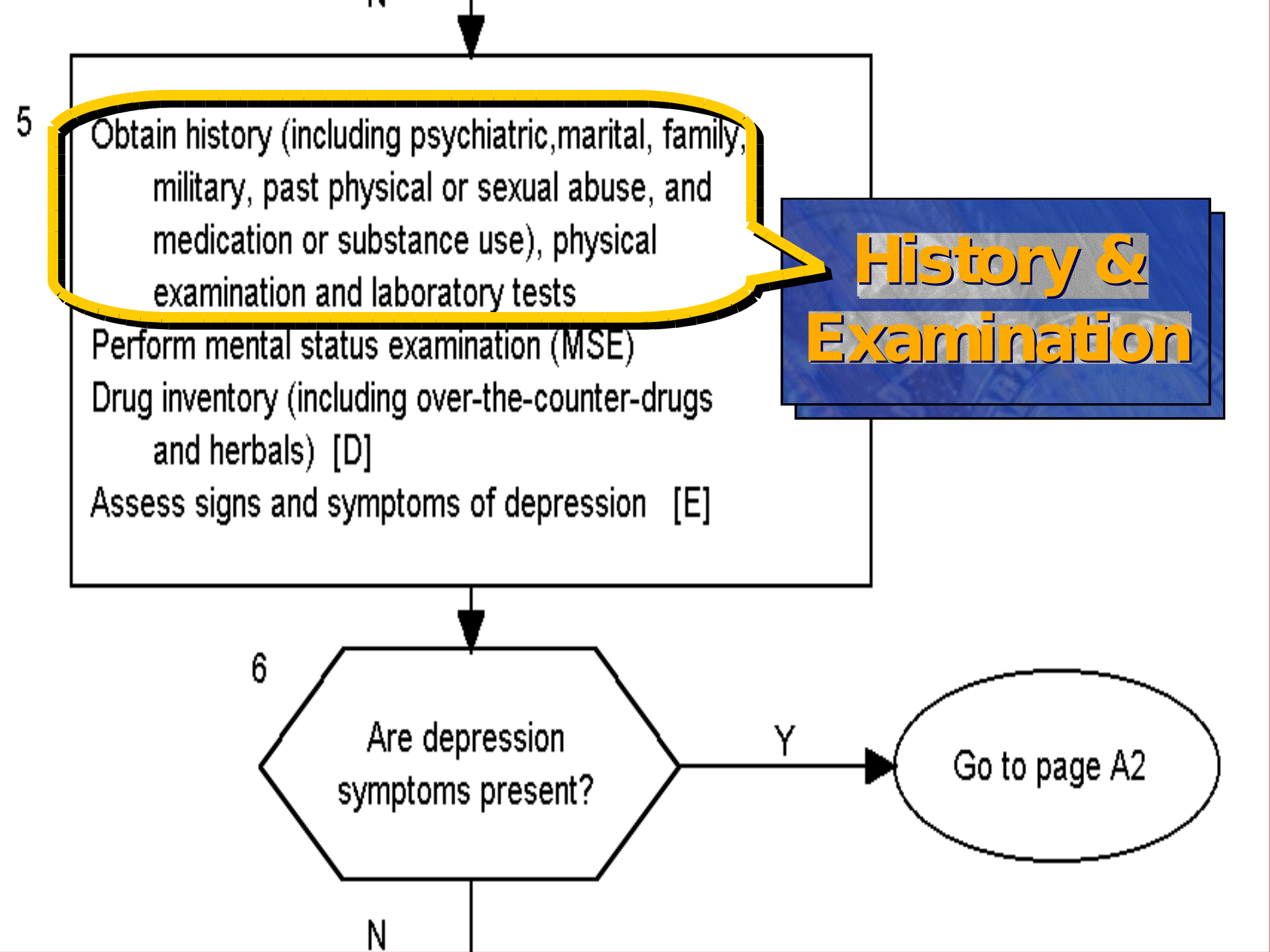

N
5
Obtain history (including psychiatric,marital, family, military, past physical or sexual abuse, and medication or substance use), physical examination and laboratory tests
Perform mental status examination (MSE)
Drug inventory (including over-the-counter-drugs and herbals) [D]
Assess signs and symptoms of depression [E]
Baseline Assessment
6
Are depression symptoms present?
Y
Go to page A2
N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Perform mental status examination (MSE)
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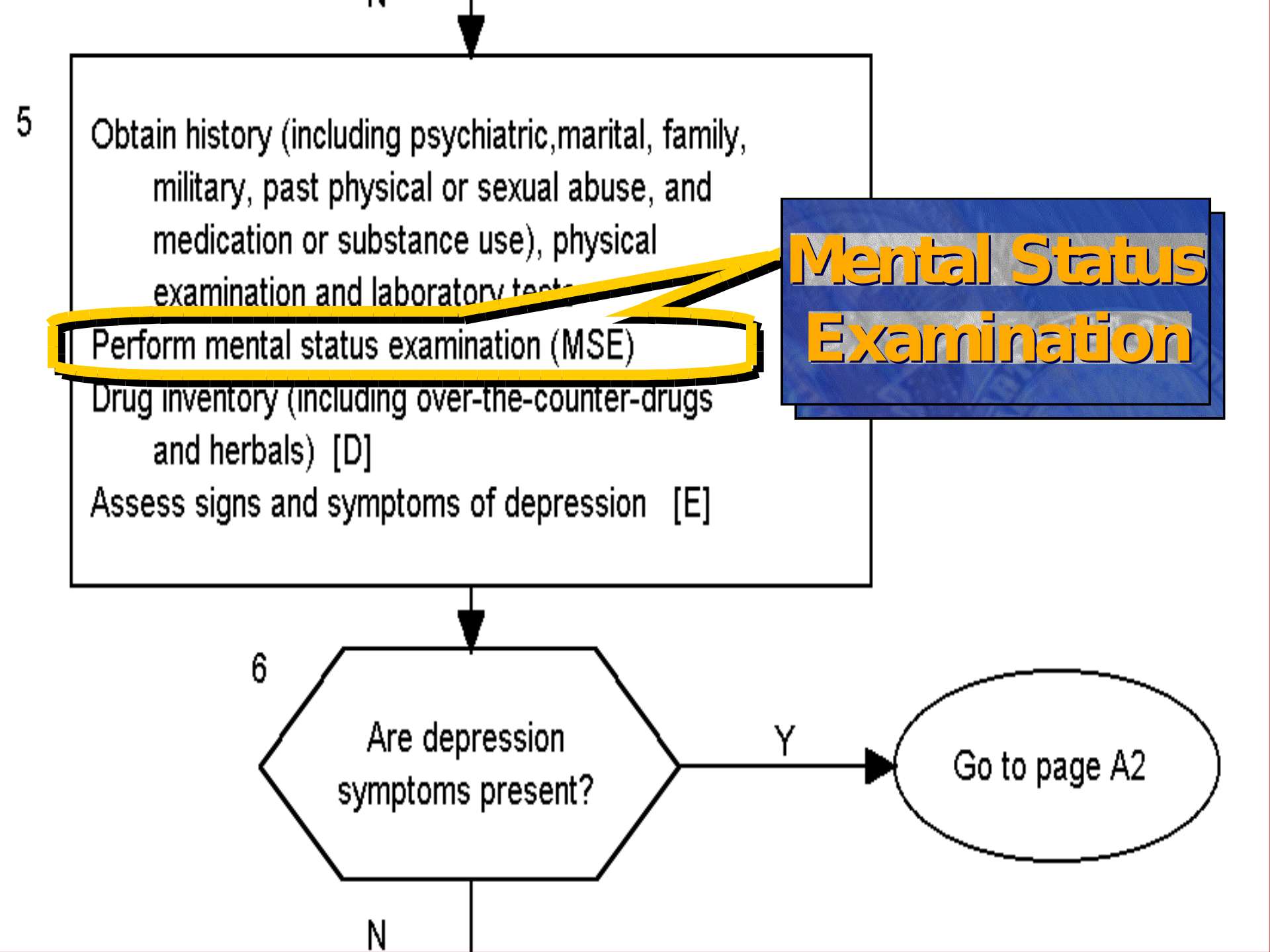
Assess signs and symptoms of depression [E]
History & Examination
6
Are depression symptoms present?
Y
Go to page A2
N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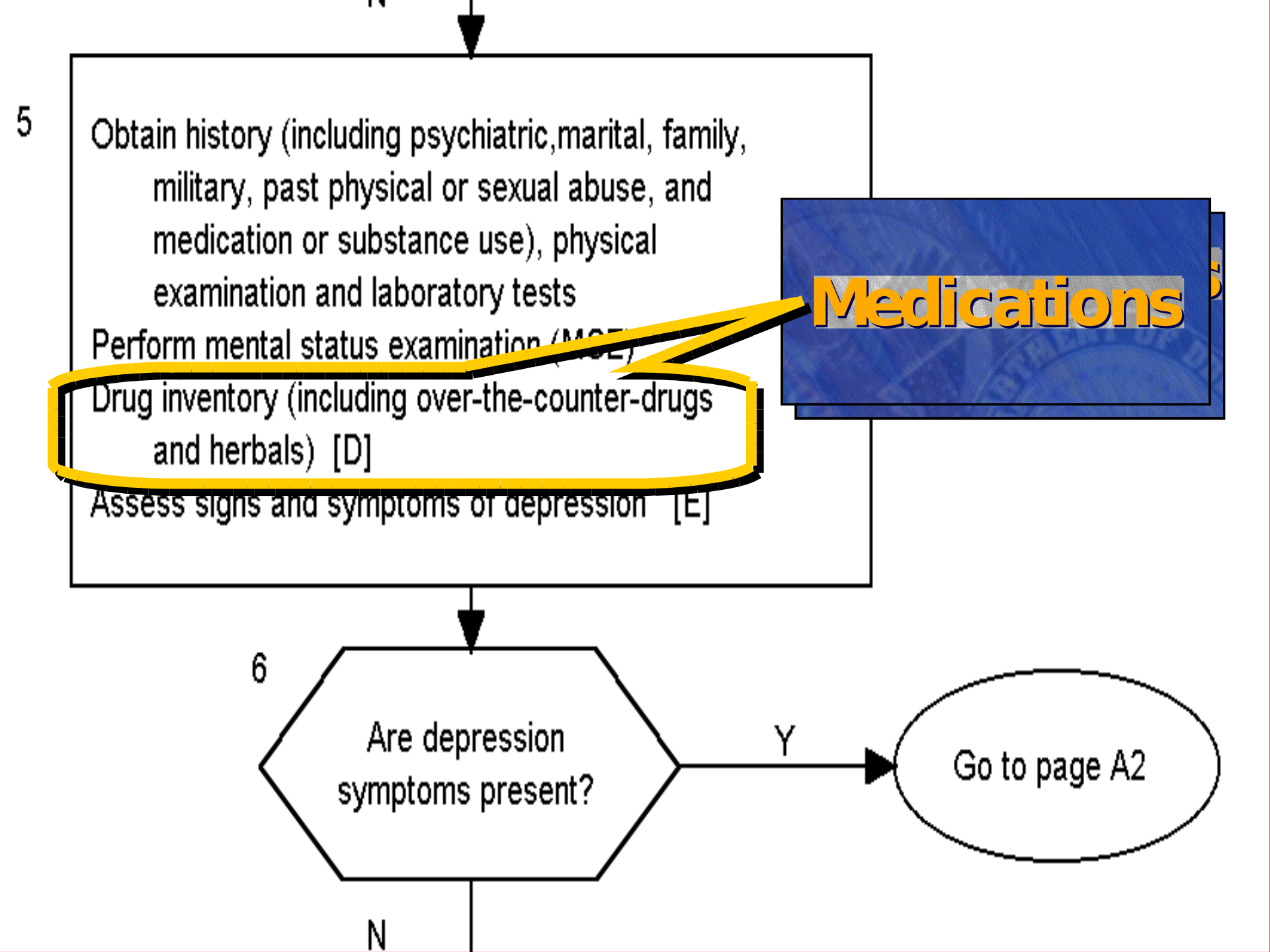
Assess signs and symptoms of depression [E]
Mental Status Examination
6
Are depression symptoms present?
Y
Go to page A2
N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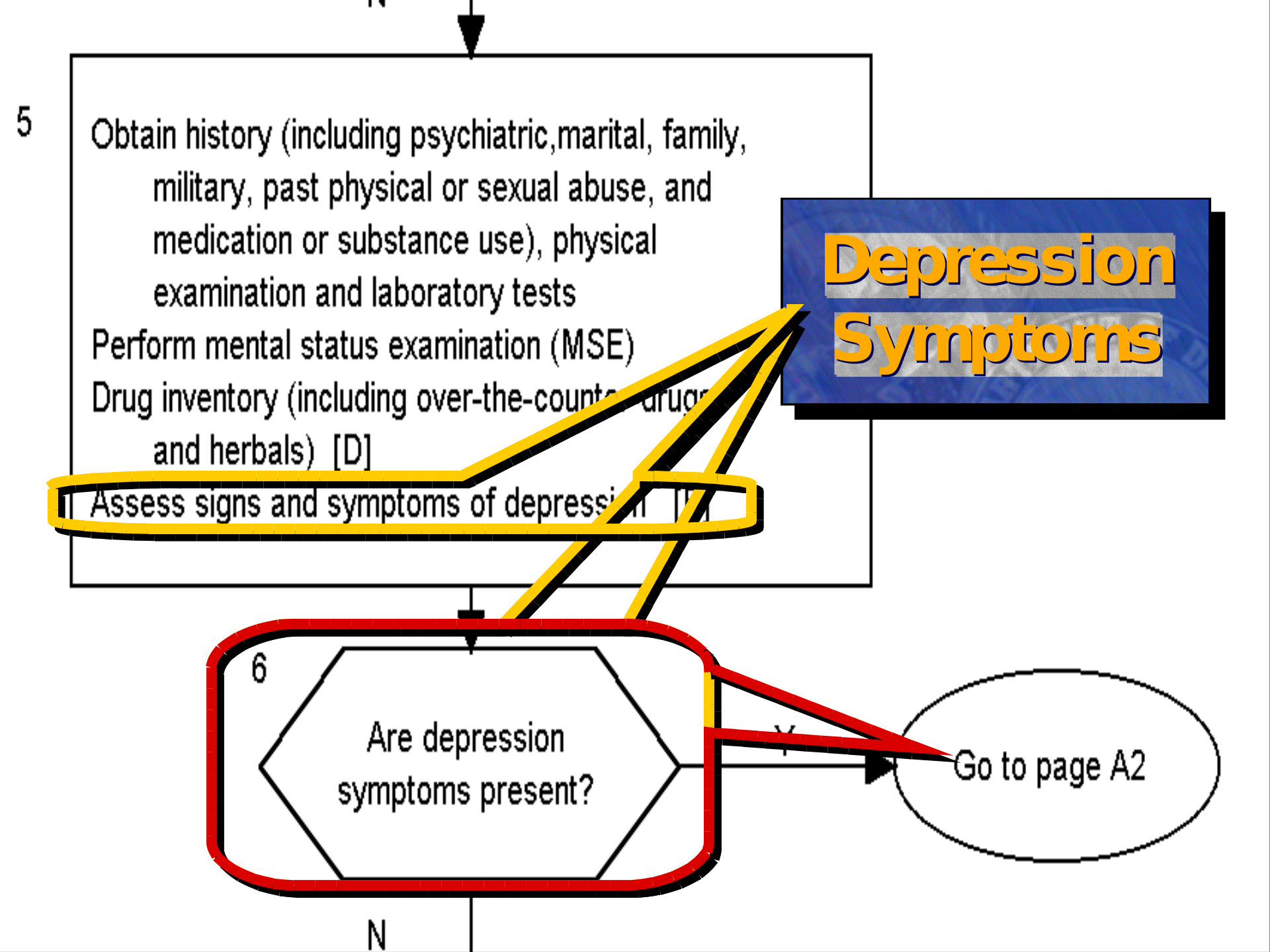
Perform mental status examination (MSE)
Drug inventory (including over-the-counter-drugs and herbals) [D]
Assess signs and symptoms of depression [E]
Medications
6
Are depression symptoms present?
Y
Go to page A2
N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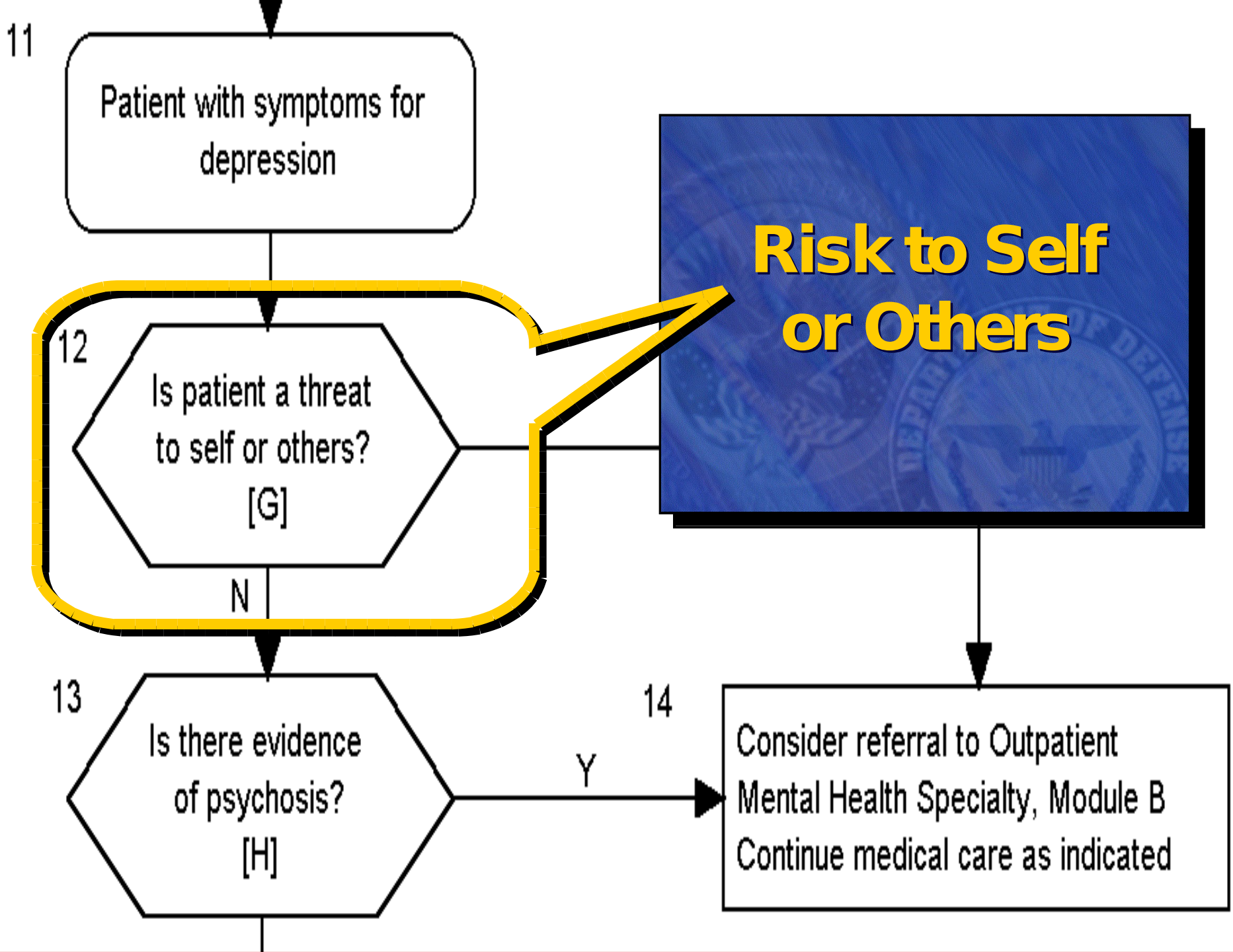
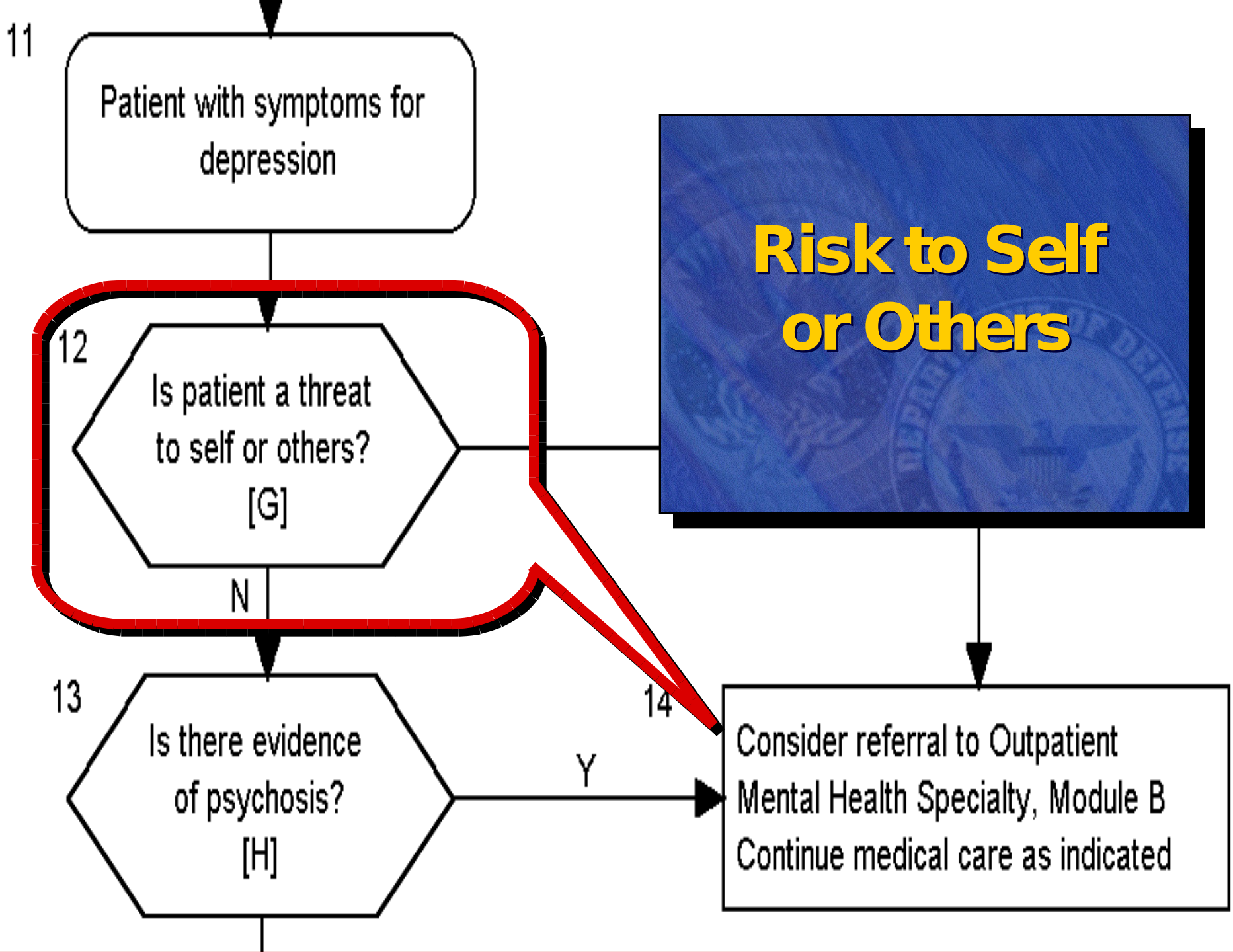
Perform mental status examination (MSE)
Drug inventory (including over-the-counter drugs and herbals) [D]
Assess signs and symptoms of depression [D]
Depression Symptoms
6
Are depression symptoms present?
Y
Go to page A2
N


11
Patient with symptoms for depression
12
Is patient a threat to self or others? [G]
Risk to Self or Others
N
13
Is there evidence of psychosis? [H]
Y
14
Consider referral to Outpatient Mental Health Specialty, Module B
Continue medical care as indicated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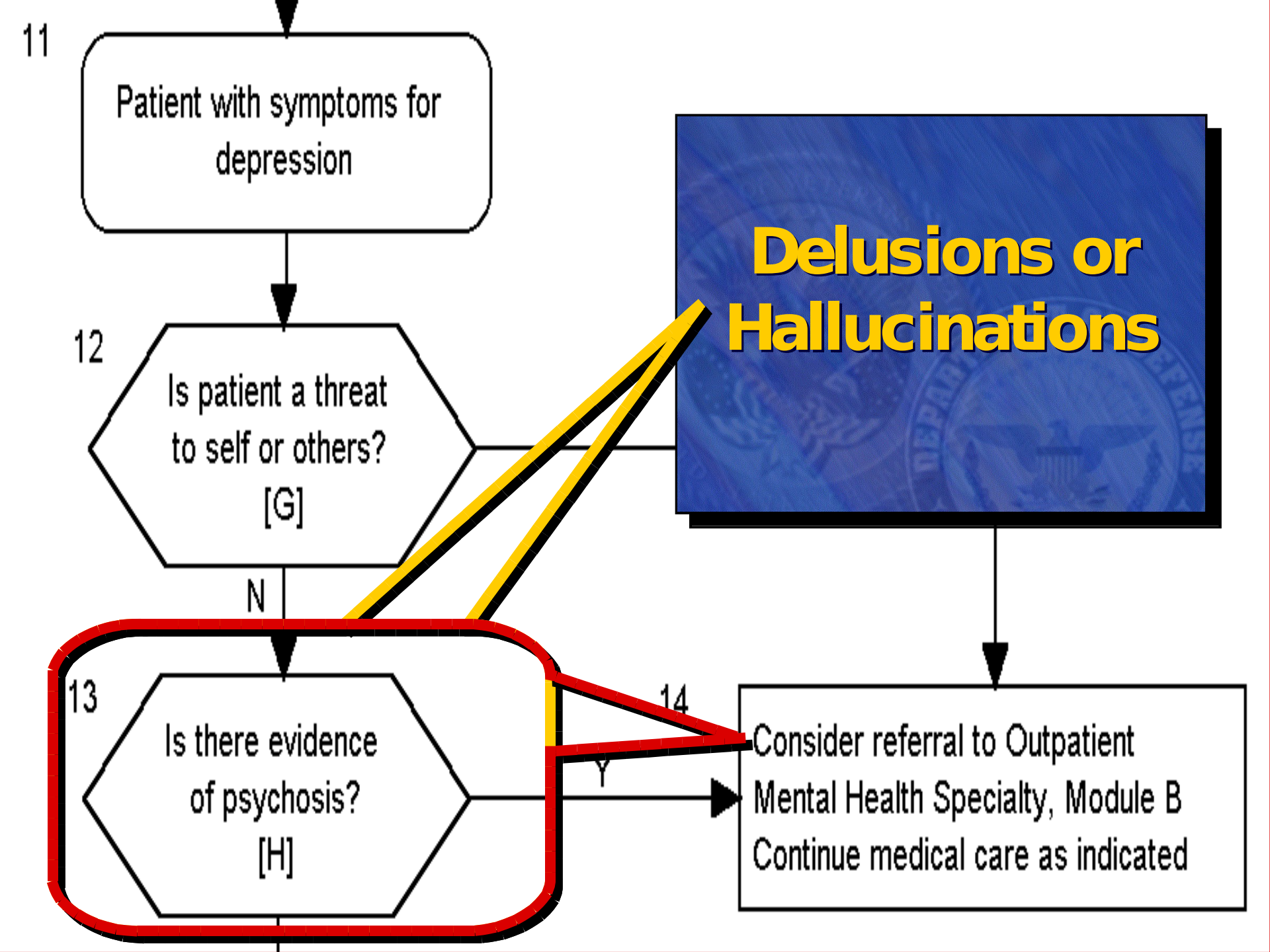
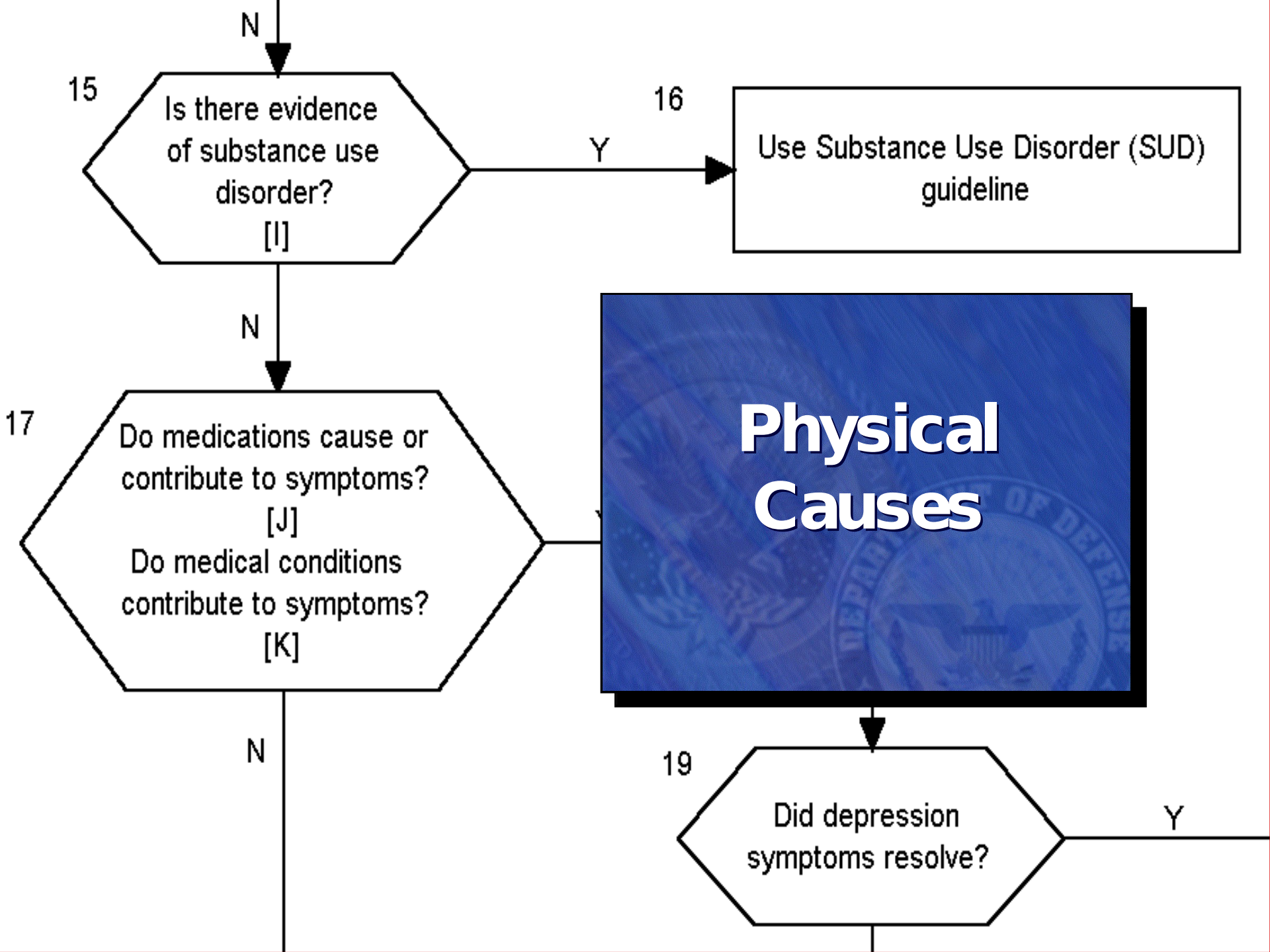
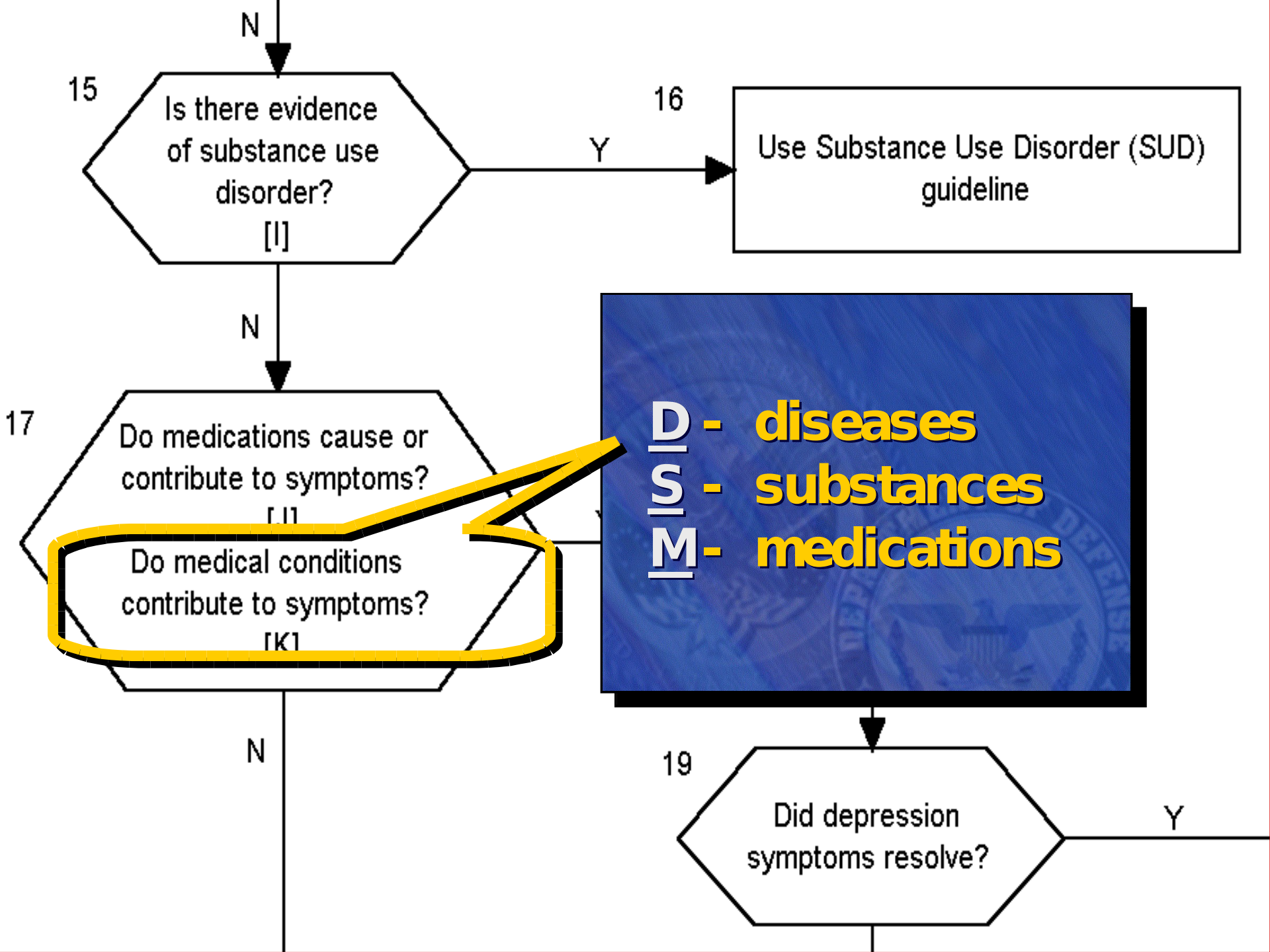

11
Patient with symptoms for depression
12
Is patient a threat to self or others? [G]
Delusions or Hallucinations
N
13
Is there evidence of psychosis? [H]
14
Y
Consider referral to Outpatient Mental Health Specialty, Module B
Continue medical care as indicated


N
15
Is there evidence of substance use disorder? [I]
Y
16
Use Substance Use Disorder (SUD) guideline
N
17
Do medications cause or contribute to symptoms? [J]
Do medical conditions contribute to symptoms? [K]
Physical Causes
N
19
Did depression symptoms resolve?
Y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N
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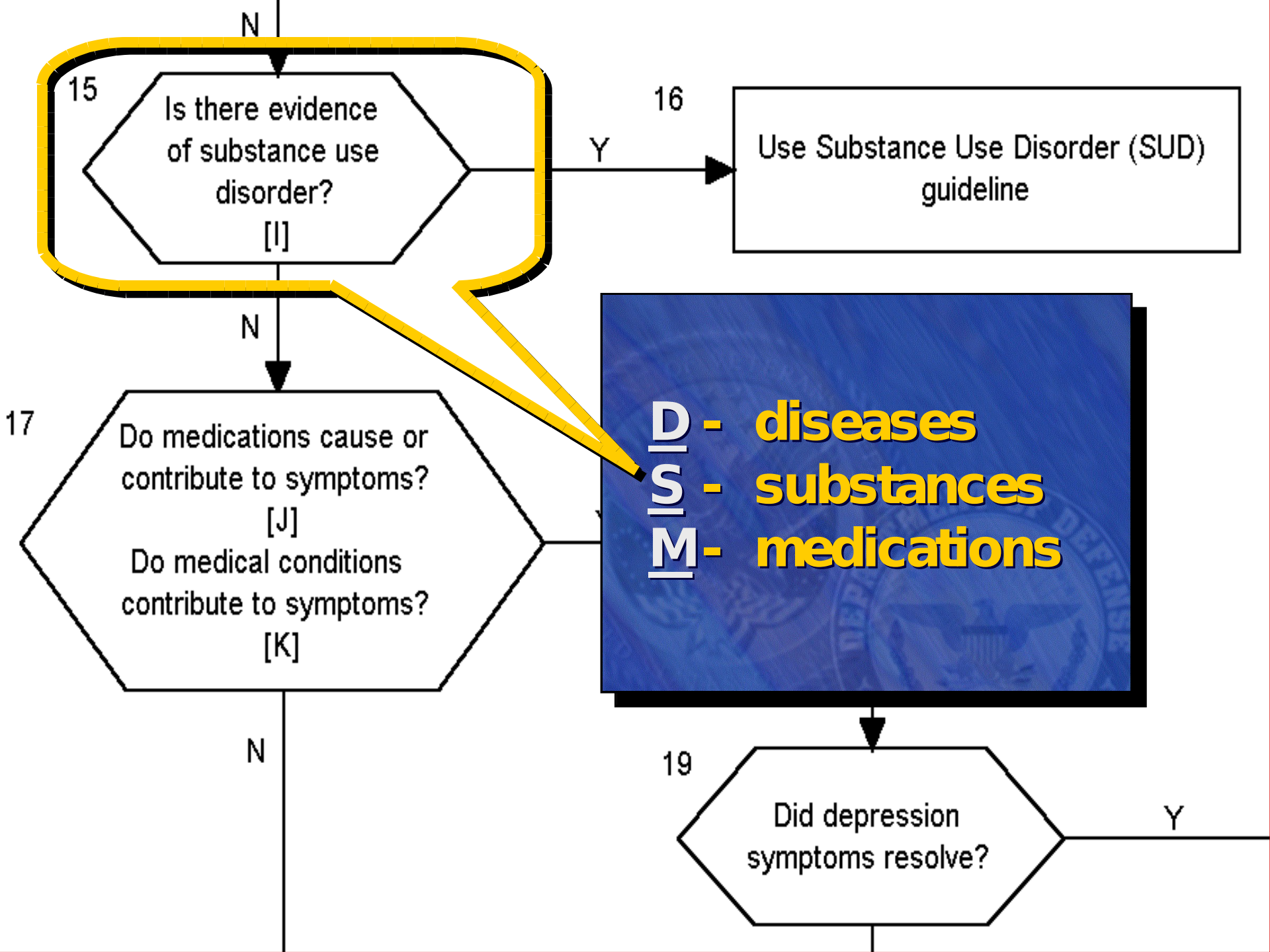
Do medications cause or contribute to symptoms? [J]
Do medical conditions contribute to symptoms? [K]
D - diseases
S - substances
M - medications
N
19
Did depression symptoms resolve?
Y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D - diseases
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19
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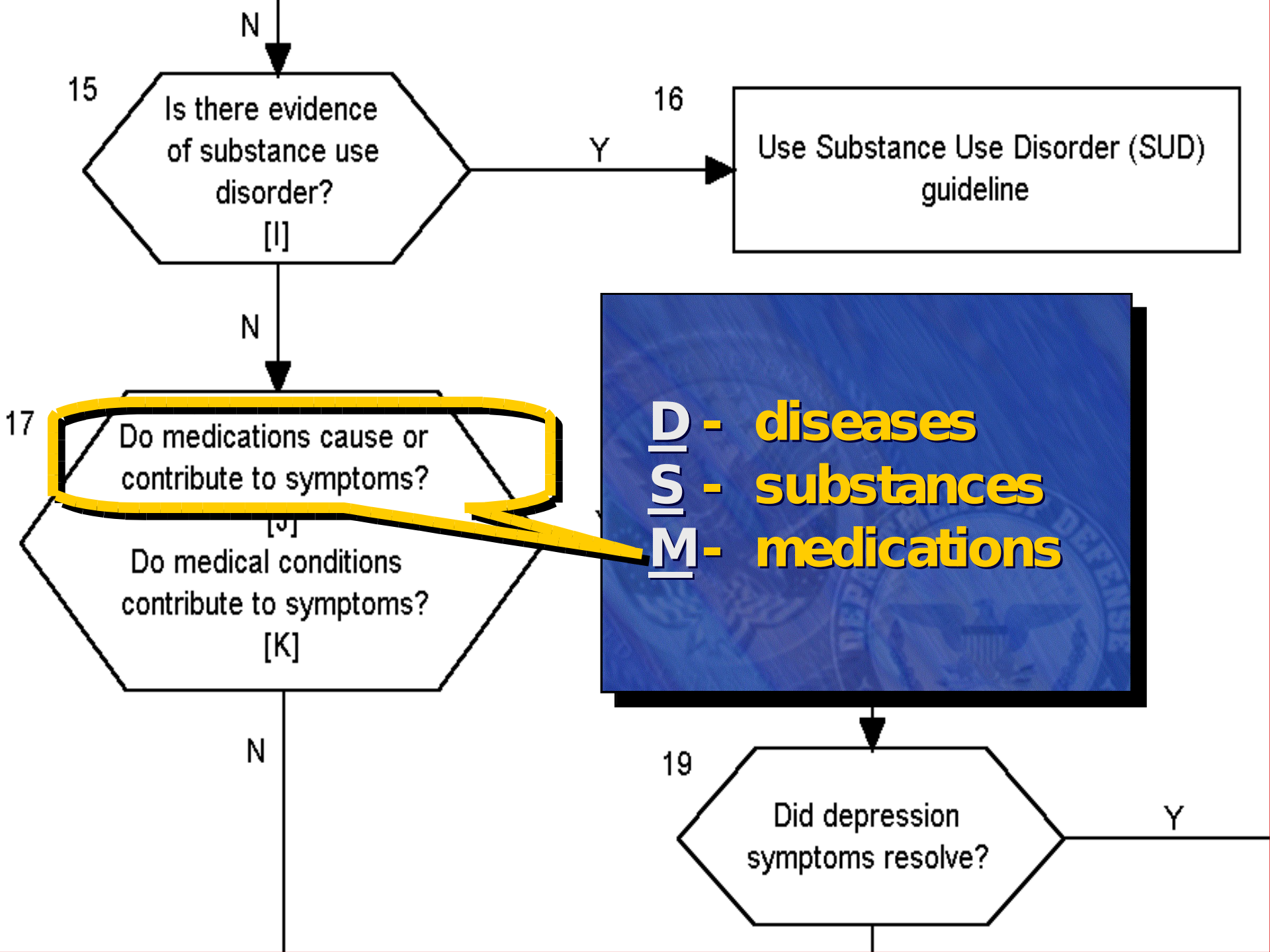
Y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Did depression symptoms resolve?
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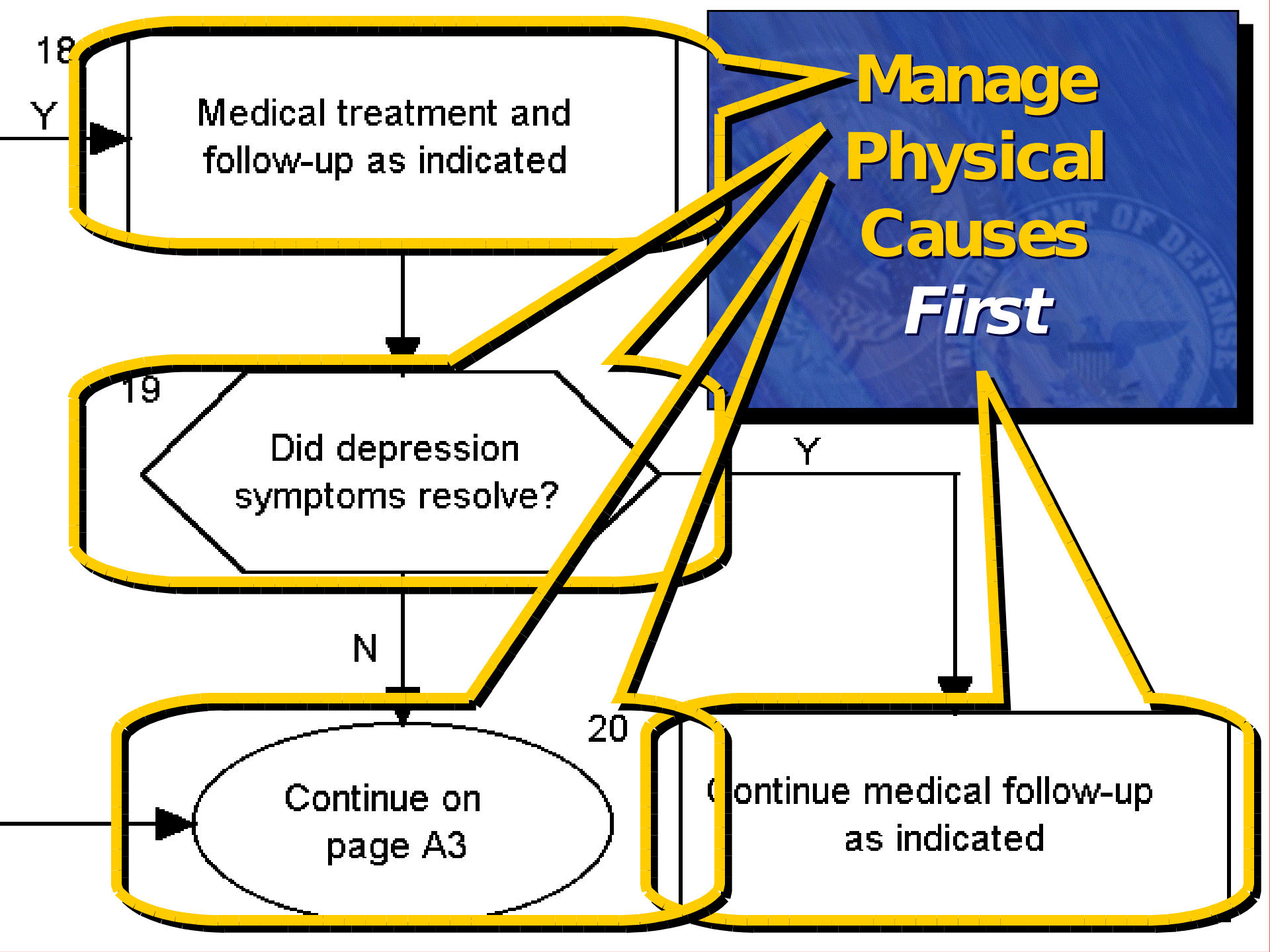
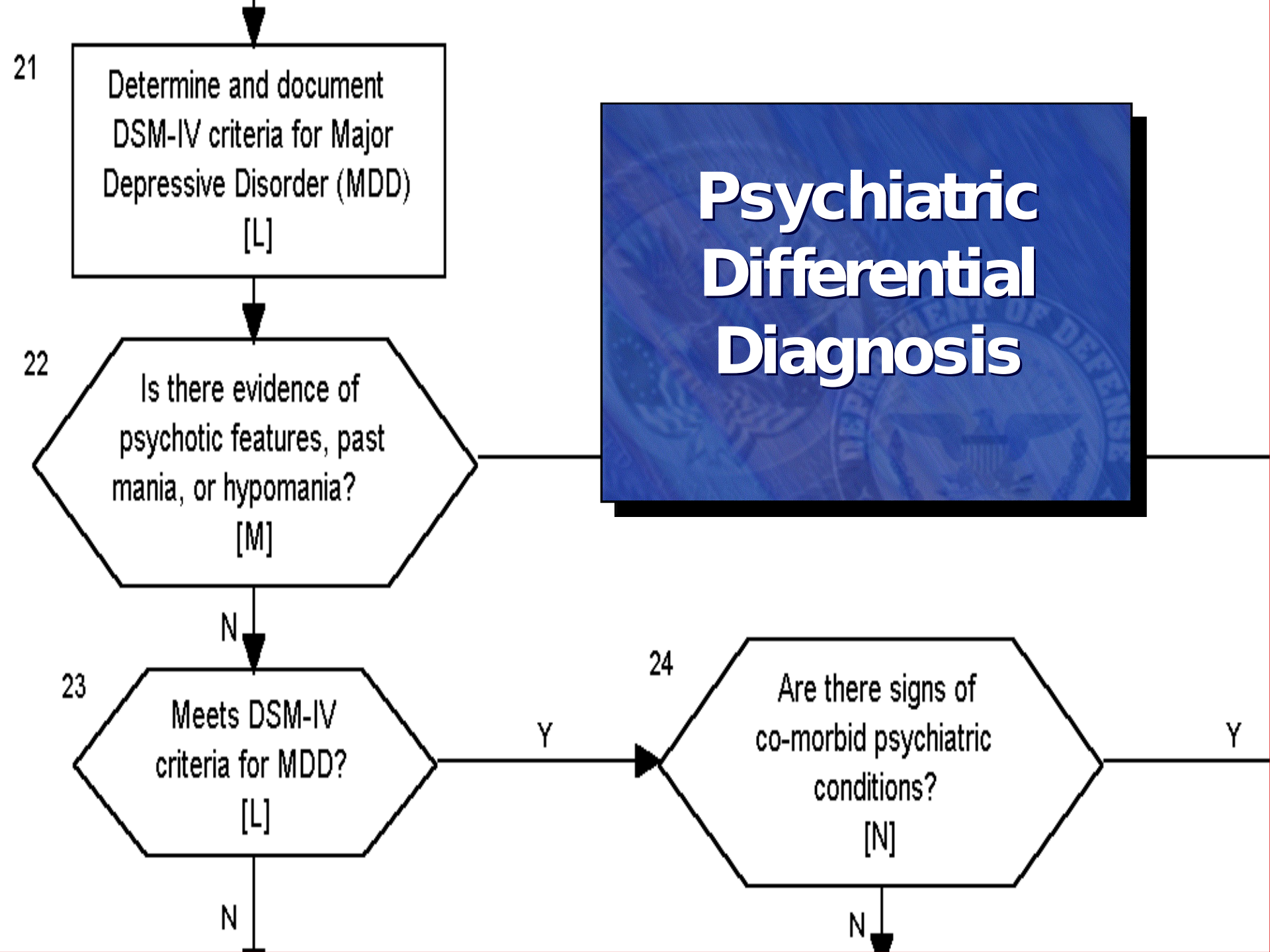
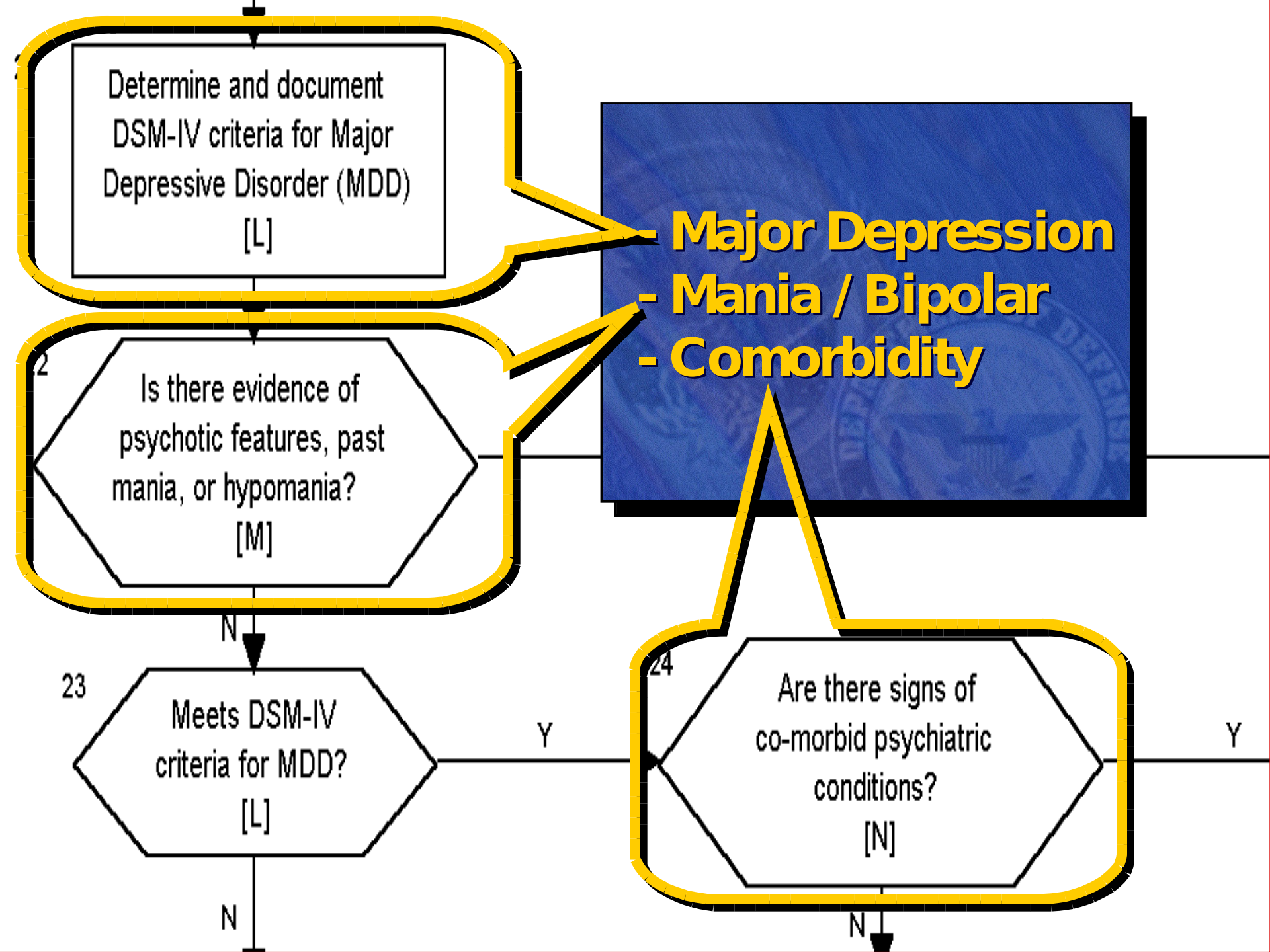
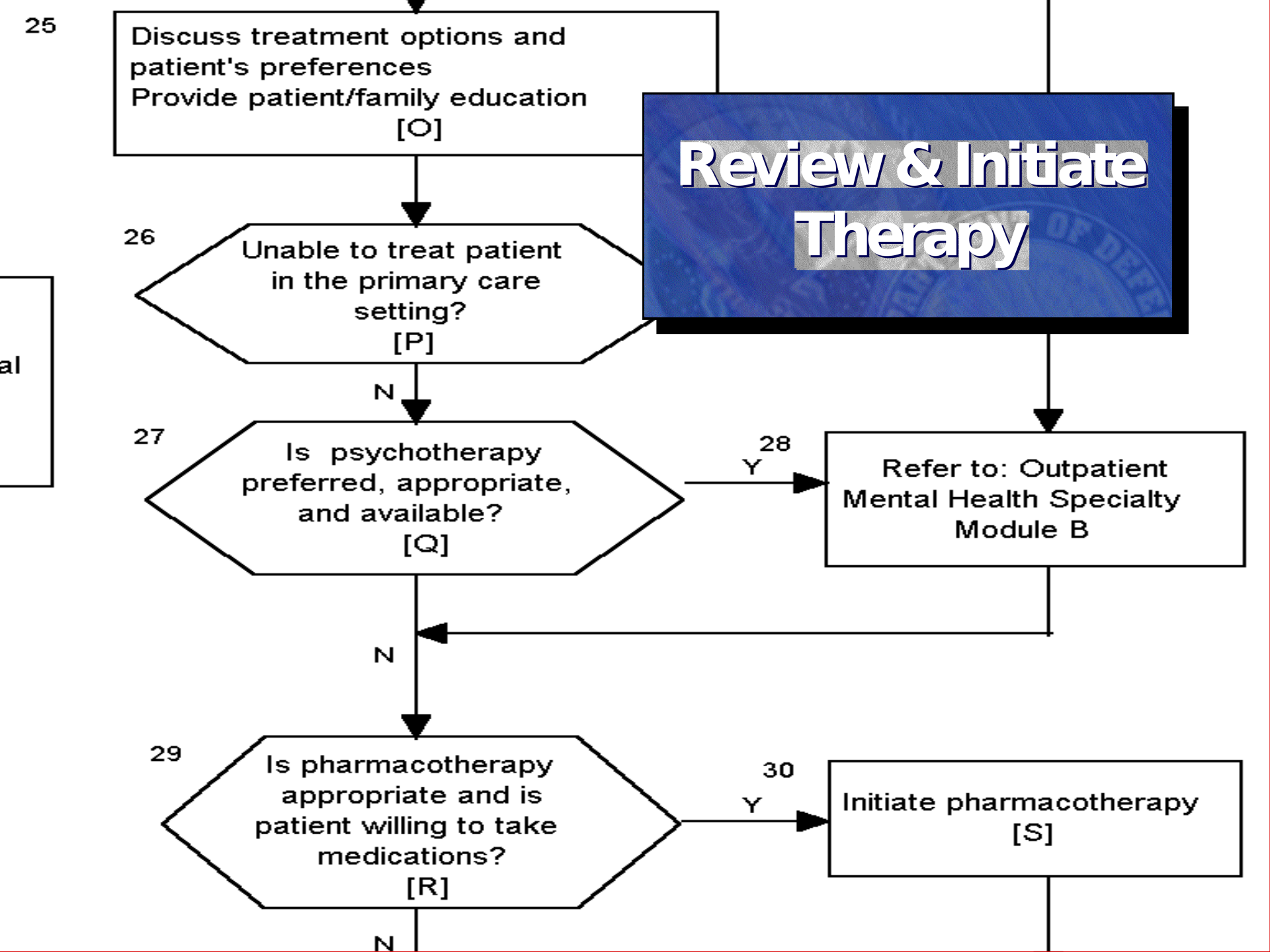

18
Y
Medical treatment and follow-up as indicated
Manage Physical Causes First
19
Did depression symptoms resolve?
Y
N
20
Continue medical follow-up as indicated
Continue on page A3

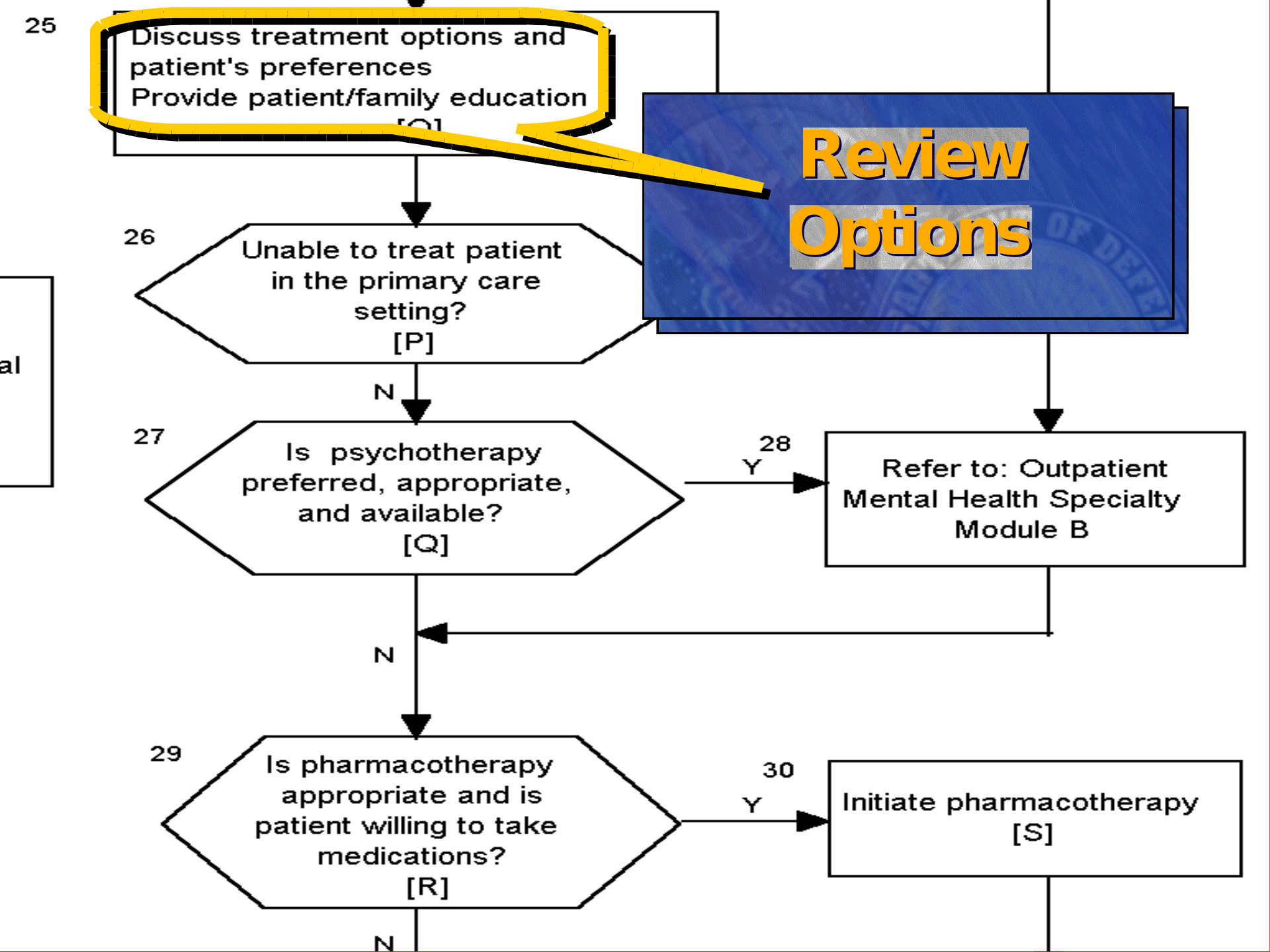
Psychiatric Differential Diagnosis

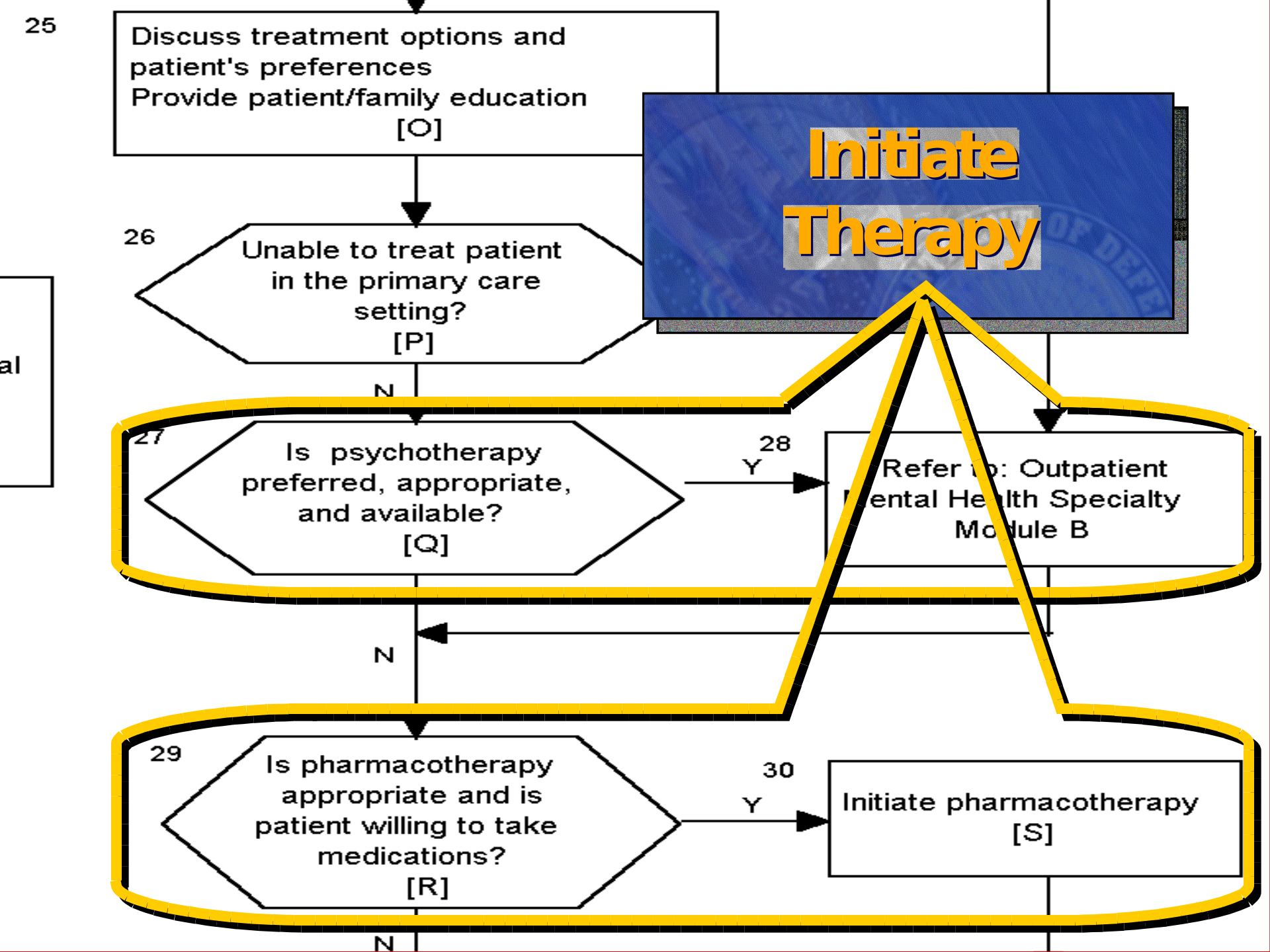



Determine and document DSM-IV criteria for Major Depressive Disorder (MDD) [L]
- Major Depression
- Mania / Bipolar
- Comorbidity
Is there evidence of psychotic features, past mania, or hypomania? [M]
N
23
Meets DSM-IV criteria for MDD? [L]
Y
24
Are there signs of co-morbid psychiatric conditions? [N]
Y
N

Review & Initiate Therapy




25
Discuss treatment options and patient's preferences
Provide patient/family education
[O]
Review Options
26
Unable to treat patient in the primary care setting?
[P]
N
27
Is psychotherapy preferred, appropriate, and available?
[Q]
28
Y
Refer to: Outpatient Mental Health Specialty Module B
N
29
Is pharmacotherapy appropriate and is patient willing to take medications?
[R]
30
Y
Initiate pharmacotherapy
[S]
N


25
Discuss treatment options and patient's preferences
Provide patient/family education
[O]
Initiate Therapy
26
Unable to treat patient in the primary care setting?
[P]
N
27
Is psychotherapy preferred, appropriate, and available?
[Q]
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Y
Refer to: Outpatient Mental Health Specialty Module B
N
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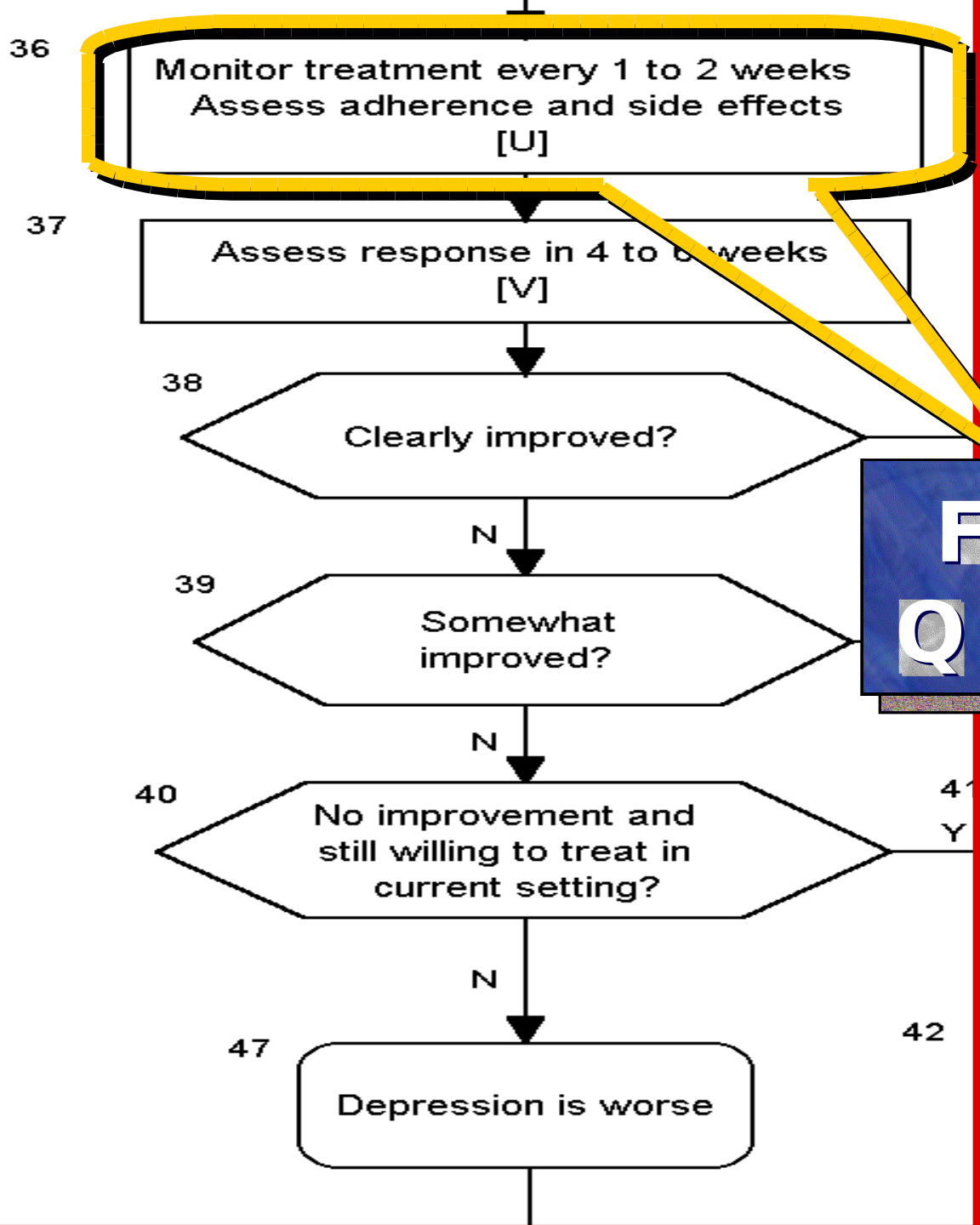
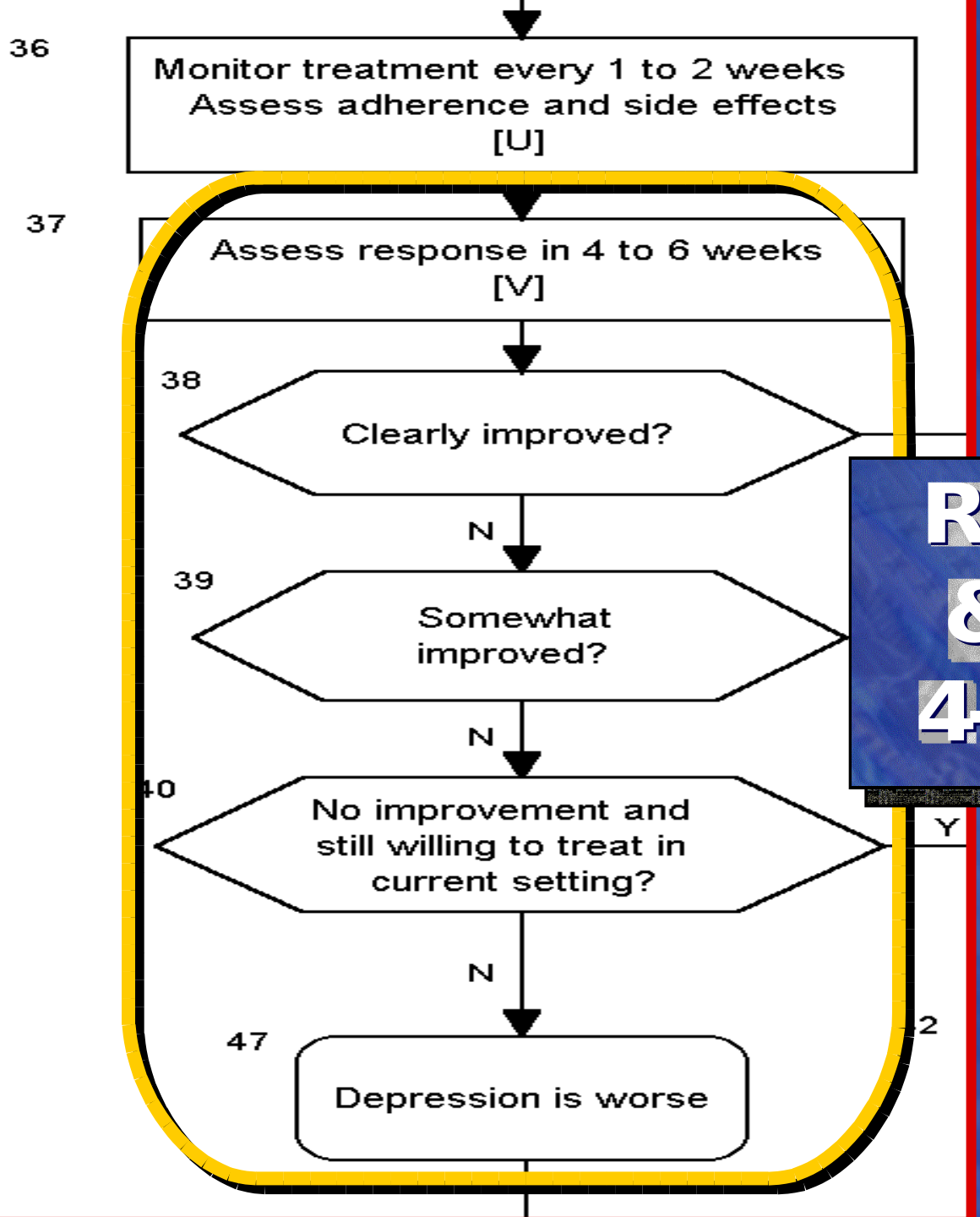
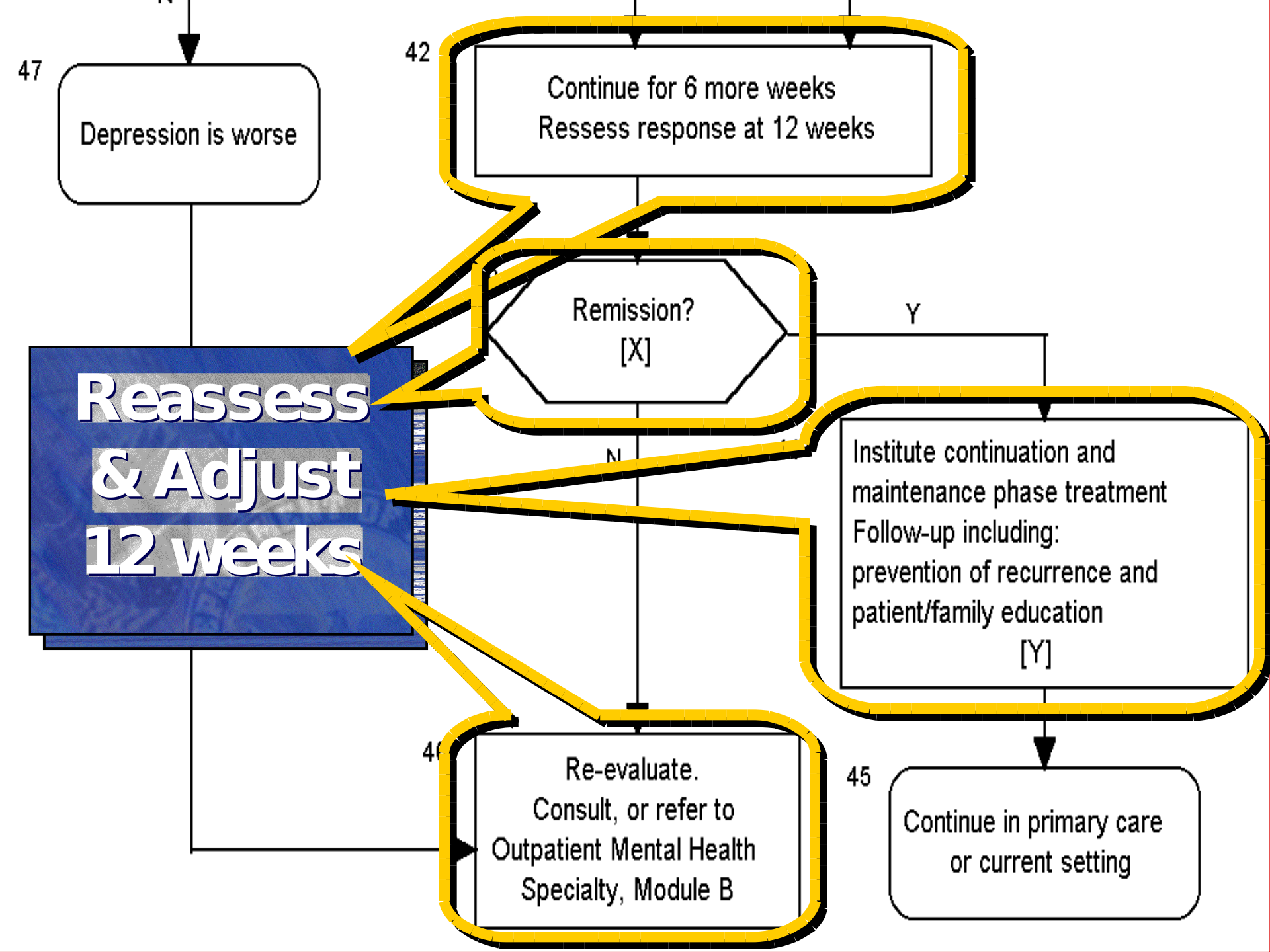
Is pharmacotherapy appropriate and is patient willing to take medications?
[R]
30
Y
Initiate pharmacotherapy
[S]
N



Follow-Up
Q 1-2 weeks



Reassess & Adjust 4-6 weeks


47
Depression is worse
42
Continue for 6 more weeks
Ressess response at 12 weeks
Remission?
[X]
Y
N
Reassess
& Adjust
12 weeks
Institute continuation and
maintenance phase treatment
Follow-up including:
prevention of recurrence and
patient/family education
[Y]
Re-evaluate.
Consult, or refer to
Outpatient Mental Health
Specialty, Module B
45
Continue in primary care
or current setting

Main Guideline Points

- Screening
- Emergencies
- Baseline assessment
- Physical causes
- Psychiatric differential diagnosis
- Review & initiate therapy
- Follow-up every 1-2 wks
- Reassess & adjust at 4-6 wks & 12 wks